University of Luxembourg



Application for Support Form - Laptop Request

					•	SEVE - Stud	dent Services
Important!! Your application w	ill only be cons	sidered if all applicable	e sections an	d supporting docu	mentation are	complete	
Part 1: Personal Details							
Tare 1. 1 Craonar Details							
Student ID:							
Family Name:							
First Name:							
Date of Birth:							
2446 61 211 11111							
Address:					Telephone:		
				S	tudent Email:		
Part 2: Your Course Information	<u>1</u>						
Bachelor:			Master :		С	Ooctoral Candidate:	
Course Title:							
Semester:							
Full Time Students	_	Dort tim	o Ctudonti	_			
Full-Time Student:		Part-till	ne Student:				
Faculty: Faculty of Science	e, Technology	and Medecine					
Faculty of Law, Economics and Finance							
Faculty of Humanities, Education and Social Sciences							
Part 3: Reason for Need							
(Please provide a detailed explanation o	of your need for	a laptop, including any	y relevant per	sonal, financial or	academic circur	mstances)	
Part 4: Declaration							
		10	Student Na	me) declare the	at I am in nee	ed of a lanton to support my	,
I,(Student Name), declare that I am in need of a laptop to support my academic studies at the University of Luxembourg and I understand the laptop is non-transferable and must not be sold, lent or given							or given
to another person.	,	3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -					J
Place		Date:			Sjønature		
Place:		Date:			B		

Part 6: Document Checklist		
Please submit a photcopy or scan co	opy. Do not submit original documents as they will not be returned	
Please tick the (box)es below next to	o the documentation you have included in your application form.	
Please ensure all relevant documen	tation is included to allow an accurate and timely decision	
Applications will only be accepted w	vith all documents attached	
All students must provide:		
Completed application form		
Copy of Student ID Card		
Enrolment certificate		
Office Use only:		
Laptop Model:		
Serial Number:		
Date of Issue:		